Surveyor Steve | REF: ASM(A×A)

ASSIGNMENT

From Date:

Estimated Cost

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured

Policy No.

Claims No

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
X X X	

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Date / Time Action / Instruction

Veh No YP 6263M Yr Regn. 3/05/17

Type: M.Car / M.Cycle / Bus / Van / (Lorry) / Taxi / Prime Mover / Truck / Trailer or

Make: Hino FD7JL MA cc 6403

Colour A/C Insured / Std / NI / NA

Sp.Reading 56915 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: FD 7JL M11583

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim. / (STD A/Rim) or

Tyre Size: F: 8.25 R16

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	8/1/19	D.O.I.	21/3/19

Survey held at Comfort, Ubi

Des. of Damages : Frt / (Rear) / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time. File Pass to? [ ] : Prell. Report

[ ] : Final Report

Date/Time. File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: [ ] : Site Insp ($

[ ] : Interview ($

[ ] : Tech Invs ($

[ ] : Weekend ($

Report Format :

Lump Sum / I.B I: ($